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Meeting Objectives

- Confirm understanding of the current state of Health IT technical assistance in Wisconsin to enable use of shared technology services and targeted health IT services for SHIP populations.
- Discuss best and better practices for Health IT technical assistance
- Review options and reach consensus on the proposed Health IT technical assistance plan

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Agenda

10:00-10:10	Welcome
10:10-10:25	Current State of Technical Assistance
10:25-11:45	Desired Future State for Technical Assistance
11:45-noon	Wrap-up and Adjourn

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Technical Assistance (TA) in the SHIP Health IT Plan

- CMMI guidance review:
  - Technical assistance is a required domain of the Health IT Plan
  - The plan must define the technical assistance to be provided
  - The plan may identify how technical assistance will be extended to providers not eligible for Meaningful Use incentives

- Areas to consider for SHIP Health IT Plan
  - Technical assistance to enable use of shared technology services and targeted health IT services for SHIP populations
  - Expansion of technical assistance for EHR adoption and use
  - Other considerations for HIE services and reporting quality measures

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Current State of Health IT Technical Assistance in Wisconsin

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Overview of Wisconsin Health IT Technical Assistance

- Health IT technical assistance in Wisconsin currently comes from multiple organizations that serve varying users.
- The type of TA varies based on the user groups. Some organizations provide customized technical assistance based on the user's needs (individualized TA), while others provide general educational resources and tools (knowledge-based TA).
    - See handout for detailed information on various types of TA currently being provided
- Some resources are available to the general public, while some are available only to members and/or subscribers.

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Health IT TA Sources

This table is a sample listing of TA sources and their recipients as of October 2015. Additional TA is often available to internal users within organizations.

Organizations	Primary TA Recipients
Centers for Medicare and Medicaid Services (CMS)	State Medicaid Agencies, Providers
Office of National Coordinator (ONC)	Providers, Health IT Professionals
Indian Health Services (IHS)	Tribal Health Centers
Wisconsin Statewide Health Information Network (WISHIN)	Providers, Payers, Quality Organizations, State Agencies
MetaStar	Providers, Community Centers, Beneficiaries
Wisconsin Health Information Organization (WHIO)	Payers, Providers, Business Coalitions
Wisconsin Collaborative for Healthcare Quality (WCHQ)	Providers, Payers, State Agencies
Wisconsin Hospital Association Information Center (WHAIC)	Providers
Wisconsin Medical Society (WMS)	Physicians
Wisconsin Primary Health Care Association (WPHCA)	Community Health Centers
Wisconsin Dental Association (WDA)	Dental Professionals
Rural Wisconsin Health Cooperative (RWHC)	Rural Providers
Pharmacy Society of Wisconsin (PSW)	Pharmacists

Telehealth TA Sources

This table is a sample list of telehealth TA sources and their recipients as of October 2015.

Sources	Organizations	Primary TA Recipients
Local Partners	Rural Wisconsin Health Cooperative (RWHC)	Rural Providers
Regional Partners	Great Plains Telehealth Resource & Assistance Center (gpTRAC)	Providers
National Partners	Telehealth Resource Centers (TRC)	Providers
	American Telemedicine Association (ATA)	Providers
	Rural Assistance Center (RAC)	Rural Providers

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Desired Future State of Technical Assistance

Straw Model for EHR Adoption TA and Discussion on Other TA Needs

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Technical Assistance Straw Model for EHR Adoption

Current state: Medicaid Health IT Extension Program offers free TA to Medicaid providers

- Supported by MetaStar through WI Department of Health Services (with federal funds)
- Limited to providers eligible to participate in Medicare or Medicaid EHR Incentive Program as they adopt, implement, upgrade (AIU) and meaningfully use certified EHR technology (CEHRT).

Potential future state: Expand free TA to select providers who are not eligible for EHR Incentive Programs

Two examples for consideration include:

Behavioral Health Care (BH)

Long Term Care (LTC)

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Rational for EHR Adoption TA for Behavioral Health and Long Term Care Providers

1. Alignment with behavioral health transformation goal to optimize care delivery
2. Varied CEHRT adoption rate among BH/LTC providers
3. Education and training challenges reported in surveys
4. Correlation between EHR usage and HIE usage

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Identifying Targeted TA Populations and Cost Per Provider

Assumptions

- It is assumed that providers working in these settings have **less need** for technical assistance:
  - Integrated Delivery Networks
  - FQHCs, (because they are supported by WPHCA)
  - Eligible Hospitals that are enrolled in the Medicaid EHR Incentive Program in Program Year 2014

- MetaStar's estimated TA cost range per provider is $2,587 to $5,000
  - Range represents variability in clinic readiness for new systems and processes

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Behavioral Health Providers:

Potential Universe for TA Support

- Number of Total Wisconsin Active Medicaid-enrolled BH Providers: 5,724
- Number of Wisconsin Active BH Providers who potentially need technical assistance for CEHRT: 4,645 (81% of total)

Provider Specialty	Number of Providers	Percentage of Total
Certified Psychotherapist	1,971	42.43%
Qualified Treatment Trainee	730	15.72%
Licensed Psychotherapist	681	14.66%
Alcohol and Other Drug Abuse Counselor	544	11.71%
Licensed Psychologist (PhD)	505	10.87%
Licensed Psychotherapist with SAC	67	1.44%
Mental Health Agency	63	1.36%
MH/SA Agency	54	1.16%
Psychiatric Nurse	14	0.30%
Substance Abuse Agency	9	0.19%
Certified Psychotherapist with SAC	7	0.15%
Grand Total	**4,645**	**100.00%**

Behavioral Health Providers

Proposed Prioritization and Cost Estimates

- Certified psychotherapists and licensed psychotherapists account for 57% of active BH providers potentially needing CEHRT TA
- County mental health and/or substance abuse agencies need additional CEHRT TA
- Cost estimates assume
  - percentage of providers who accept TA will range from 25% to 50% (based on WHITEC/MetaStar data)
  - extent of TA will depend on provider's maturity level in CEHRT adoption and need for additional resources
- Assuming policy levers encourage use of health IT, TA use might fall at the higher end estimate.

Provider Specialty	Number of Providers	Lower Estimate ($)*	Upper Estimate ($)*
Certified Psychotherapist	1,971	$1,274,744	$4,927,500
Licensed Psychotherapist	681	$440,437	$1,702,500
Mental Health Agency	63	$40,745	$157,500
MH/SA Agency	54	$34,924	$135,000
Substance Abuse Agency	9	$5,821	$22,500
Grand Total	**2,778**	**$1,796,671**	**$6,945,000**

*Note: The lower cost estimate is calculated by multiplying the number of providers by the low end cost ($2,587/provider) and then multiplying the result by the low estimated percentage of providers accepting TA (25%). The upper cost estimate is calculated by multiplying the number of providers by the upper end cost ($5,000/provider) and then multiplying the result by the high estimated percentage of providers accepting TA (50%).

Long Term Care Providers:

Potential Universe for TA Support

- Number of Total Wisconsin Active Medicaid-enrolled LTC Providers: 591
- Number of Wisconsin Active LTC Providers who potentially need technical assistance for CEHRT: 499 (84% of total)

Provider Type	Provider Specialty	Number of Providers	Percentage of Total
Nursing Facility	Skilled Nursing Facility	350	70.14%
Home Health / Personal Care Agency	Home Health Agency	56	11.22%
	Home Health/Personal Care Agency	29	5.81%
	Personal Care Agency	21	4.21%
Hospice	Home Health Agency	22	4.41%
	Free Standing	16	3.21%
	Hospital	4	0.80%
	Nursing Home	1	0.20%
Grand Total		**499**	**100.00%**

Long Term Care Providers:

Proposed Prioritization and Cost Estimate

- Skilled nursing facilities make up 70% of total Wisconsin active LTC providers who may need CEHRT TA.
- The percentage of providers accepting TA varies between 25% to 50% (based on historic and current WHITEC/MetaStar data)
- The investment needed to provide TA to this specialty ranges from $226,363 to $875,000, depending on the provider's maturity level in CEHRT adoption
- Assuming policy levers encourage use of health IT, TA use might fall at the higher end estimate.

Provider Specialty	Number of Providers	Lower Estimate ($)*	Upper Estimate ($)*
Skilled Nursing Facility	**350**	**$226,363**	**$875,000**

*Note: The lower cost estimate is calculated by multiplying the number of providers by the low end cost ($2,587/provider) and then multiplying the result by the low estimated percentage of providers accepting TA (25%). The upper cost estimate is calculated by multiplying the number of providers by the upper end cost ($5,000/provider) and then multiplying the result by the high estimated percentage of providers accepting TA (50%).

Other TA Considerations for Desired Future State

- Should other provider types (other than BH and LTC) be prioritized for TA to support EHR adoption?
- What other kinds of TA will be needed?
  - Onboarding to shared technology services?
  - Onboarding to HIE services?
  - TA for reporting on quality measures?
  - Using telehealth services?
  - Using consumer tools to engage patients in making healthier decisions and managing chronic disease?
  - Other?
- How would other kinds of TA be prioritized?
- What else would you need to know in order to prioritize other TA services?
  - Cost and provider estimates?
  - Individualized or knowledge-based?

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Gaps and Root Causes

Key gaps between the current state and desired future state

- Lack of EHR TA to non-Meaningful Use eligible providers
- Lack of TA to support optimal use of Shared Technical Services
- Lack of TA to support use of telehealth
- Lack of awareness / training for use of consumer tools for patient engagement

Root causes

- Financial limitations and competing priorities
- Lack of awareness of available TA resources
- Expense / level of effort to onboard small practices to WISHIN
- Expense / level of effort for small practices to report quality measures
- Small practices may not prioritize implementing health IT or recognize the value of using it within workflows
- Workforce shortages and staff turnover
- Others?

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Best Practices

- The Lessons Learned learned from Regional Extension Centers and other organizations providing TA
- Building on economies of scale of currently offered TA
- Investments made for TA curriculum development
- Building on existing relationships

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Better Practices

- Increasing participation and leadership in current or future federal learning collaboratives
- Where possible, align efforts and capitalize on investments already made in developing existing curriculum and tools.
- Tailor scope and type of TA to organization needs, based on health IT maturity level

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Discussion

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Next Steps

- Meeting on Monday, 11/2, for further Shared Technology Services discussion
- Meeting on 11/17 to drill deeper on finance and policy recommendations
- Draft Health IT Plan for Workgroup and Advisory Panel member review between 11/19 - 11/25
- Draft Health IT Plan will be submitted to CMMI for review 11/30 – 12/1

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